

The Feminisation of Psychology: A Qualitative Approach to Assess Consequences for  
Adolescent Males in Therapy

Louise King

B.A. (Hons), Grad Dip Sc

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## Declaration

I declare that this thesis is my own work and that, to the best of my knowledge and belief, it does not contain material from published sources without proper acknowledgement, nor does it contain material which has been accepted for the award of any other higher degree or graduate diploma in any university.

Signed:

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Literature Review

The Feminisation of Psychology: Consequences for Adolescent Males

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### Abstract

A major shift in gender composition within the profession of psychology has occurred over recent decades. Fifty years ago psychology was considered a male dominated field. Statistics show it is now female dominated with a shortage of male psychologists forecast in the next ten years. Researchers, academics and professionals largely seem to ignore challenges the profession may face if the ratio of male to female psychologists continues to decline. This literature review describes research findings relating to the effect of psychologist gender in regards to treatment process and outcome in general. The review focuses on findings relating to the impact of psychologist gender when working with adolescents, with an emphasis on the potential benefits of gender match for adolescent males. Mental health issues with regard to adolescents in general are then discussed. Overall, the review highlights the need for future research in the area of gender in therapy and broad consideration of the impact of a future shortage of male psychologists.



Shifts in gender composition in the profession of psychology have occurred over the past few decades to the point where psychology is now identified as a female dominated profession (Olos & Hoff, 2006). The term “feminization of psychology” has been adopted to describe these changes (Ostertag & McNamara, 2006). Trends indicate the decline in ratio of male to female psychologists will accelerate into the future due to ageing male psychologists who will retire, and a lack of younger male psychologists entering the profession. Therefore the effect limited access to male psychologists will have on the profession in general and/or particular client groups warrants discussion. A literature search for studies focusing on the impact of gender in therapy reveals lack of consistent evidence. It has been found, however, gender of therapist can influence the effectiveness of therapy. For example, Wintersteen et al. (2005) demonstrated greater retention rates and stronger therapeutic alliances for adolescent males paired with a male rather than a female psychologist.

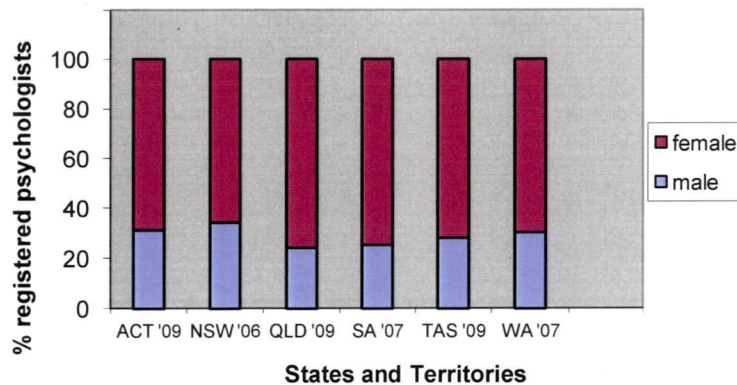
### **Gender Composition of Psychologists**

During the past four decades psychology, along with many other professions and scientific disciplines has undergone a dramatic shift in gender composition. The American Psychological Association (APA) Task Force (1995a), employed to investigate and report on this change, found that while in 1973 only 26% of clinical doctorate students were women, by 1994 this had increased to 64%. A survey conducted in 2006 demonstrated the diminishing ratio of men compared to women in professional psychology in America as it was reported that 78% of professional psychology

internship applicants were female (Association of Psychology Postdoctoral & Internship Center, 2006).

The same pattern has been reported in Canada and across Europe. In all European countries examined (22 in total) female psychologists outnumbered male psychologists. In several European countries the description of the profession of psychology as 'female dominated' has surfaced as a result of the high ratio of females to males (Olos & Hoff, 2006). As early as 1992 it was observed that psychology around the world was tending to be dominated by women (Sexton & Hogan, 1992). Since then the reported domination has intensified. In Canada in 1999 70% of those enrolled in psychology doctoral programs were women and psychology was described at the time as rapidly becoming a 'woman's field' (Boatswain et al., 2001).

The feminisation of psychology is also evident in Australia. Figures obtained from the annual reports (1995 through to 2009) of the State Psychologists Registration Boards indicate that presently males represent only approximately one quarter to one third of the total number of registered psychologists in the country. Information acquired from six of the eight states in Australia is presented in the following graph (Figure 1) as a visual representation of the current situation.



*Figure 1.* The percentage of male psychologists registered in six of the States and Territories of Australia

Figures relating to the ratio of male compared to female psychologists over the past ten years were available from South Australia and Queensland. These show a dramatic decline in the percentage of male registered psychologists. In South Australia in 1995, 47% of registered psychologists were male compared to 25% in 2007. In Queensland in 1995, 34% of registered psychologists were male compared to 24% in 2009.

If the trend continues, access to male psychologists will be limited and it is likely the decline will intensify as age demographics (older average age of male psychologists compared to female) accelerate the diminishing ratio of male psychologists. According to the NSW Registration Board in their 2006 annual report, statistics show an older average age for male working psychologists compared with women. Specifically, it is predicted, by the year 2011 the average age for male working psychologists in NSW will reach 50.2 years with an average female working age of 41.2 years.

The likelihood of a future shortage of male psychologists has potential implications for the profession in general. For example, the impact of gender match on therapeutic process and outcome, failure to meet client requests for psychologist of choice, and the provision of a limited male perspective to the profession in general become pertinent issues. Also, the identification of specific cohorts of clients for whom gender of therapist affects treatment, for example adolescent males (Wintersteen et al., 2005) highlights the necessity to address this topic.

### **Gender Match - Better Outcome?**

Research into the effect of gender in therapy, is scant, non-conclusive, and regularly contains statements highlighting the need for more research in this area (Bowman et al., 2001; Cottone et al., 2002; Dienhart, 2001; Gehart & Lyle, 2001; Goldberg, 1979; Jones & Zoppel, 1982; Kirshner et al., 1978; Kulish, 1989; Lam & Sue, 2001; Mogul, 1982; Seiden, 1976; Wintersteen et al., 2005; Zlotnick et al., 1998).

One study in particular (Kirshner, Genack, and Hauser, 1978) is commonly cited and seems to have laid the groundwork for many of the studies that followed. This study reported greater satisfaction and improvement with female therapists and drew attention to the interaction between therapist gender and psychotherapy outcome. Interestingly at the time, difficulty in researching this area was identified due to the greater number of male psychologists. Within 30 years the situation has reversed.

The Kirshner et al., (1978) finding of a female psychologist effect in terms of better treatment outcome and satisfaction has been replicated. Jones and Zoppel (1982) and Jones, Krupnick, and Kerig (1987) both support Kirshner et al.'s findings. Jones and

Zoppel (1982) demonstrated clients of a female therapist experienced stronger therapeutic alliances, more effective, accepting and attentive treatment, and a more successful outcome compared with clients of a male therapist. Similarly, Jones et al. (1987) revealed that female psychologists were preferred over male psychologists and that clients treated by female psychologists were judged to have significantly less intrusive symptoms at termination. In addition, Collinson (1981) found that men report greater satisfaction and retention rates with female psychologists. Also, an older study also commonly referred to, reported a preference for female counsellors (Simon & Helms, 1976).

Other research has focused on the effectiveness of gender match between client and psychologist, rather than a simple comparison of female to male psychologists. Hill (1975) demonstrated that a greater ease of communication was evident for both client and therapist when working with the same gender and asserted that same gender dyads achieve greater intimacy than opposite gender dyads. More recently Cottone (2002) demonstrated male clients suffering mood and anxiety disturbances are more likely to withdraw from treatment from a female psychologist, while gender pairing predicted better treatment retention in a mood disorder sub sample and less trait anxiety symptom severity in an anxiety disorder sub sample.

In addition, client-therapist match on numerous variables, not gender alone, has been found to be an important predictor of successful therapeutic relationships (Berzins, 1977; Beutler, 1991; Reis & Brown, 1999). It is assumed the 'match' enhances the working alliance, considered an essential aspect of therapy (Norcross, 2002). Evidence identifies that similarity between therapist and client on demographic variables, such as

gender, have been found to relate to successful treatment (Berzins, 1977; Beutler, Clarkin, Crago, & Bergan, 1991; Flaskerud, 1990; Nelson & Neufeldt, 1996).

In contrast to the 'gender match equals better outcome' studies, Zlotnick et al. (1998) reported that gender match did not significantly improve certain aspects of therapy. These included level of depression at termination, attrition rates and the patients' perception of therapist empathy or expectation of helpfulness. Research findings are contradictory and reaching a conclusion regarding the impact of gender in therapy is further hindered by criticisms of existing studies for their shortcomings and the validity of their findings (Zlotnick et al., 1998).

A recent study on gender matching focused on a specific age group, adolescents. Wintersteen et al. (2005) measured therapeutic alliance and treatment retention between gender matched and mismatched dyads in a sample of 600 adolescent substance abusers. Eighty-two percent of the sample had co-occurring mental health problems ranging from conduct disorder to depression. Wintersteen et al. demonstrated teenagers reported forming stronger alliances when working with a therapist of the same gender and were more likely to complete treatment.

Access Economics (2009) highlights the importance of researching mental illness in Australian youth. This developmental period encompasses important milestones, such as educational attainment, career building and relationship formation, and therefore investigations to determine effective variables for therapy for this age group are important. Failure to access or engage in treatment is potentially particularly detrimental as young people are at greater risk than other age groups of suicide, self-harm and substance abuse (Access Economics, 2009).

### **Adolescent Mental Health**

The prevalence of mental disorder amongst adolescents is increasing. Recent reports from the USA indicate 1 in 10 children and adolescents suffer from impairing mental illness (Kessler, McGonagle, & Shayang, 1994; U.S. Public Health Service, 2000). More specifically, more than 25% of high school students report depression and depressive syndromes, 8 to 9% of youths admit to suicide attempts (Centers for Disease Control and Prevention [CDC], 2002) and 11% have a substance abuse problem (National Institute on Drug Abuse, 2001). Similarly, in Australia, nearly one quarter (24.3%) of youth have anxiety, affective or substance use disorder, and a variety of other mental illnesses, and in 2009 the estimated financial cost of mental illness in people aged 12-25 was \$10.6 billion (Access Economics, 2009). In response to the reported prevalence and harmful effects of depression during adolescents, the Resourceful Adolescent Program (RAP; Shochet, Holland, & Whitefield, 1997) was developed at the Queensland University.

Addressing the prevalence of mental illness in adolescents is challenging. Young people receive less treatment than the general population and, of particular relevance to this study, only 15% of males suffering mental illness aged 14-16 years received treatment, as opposed to 25% overall, and yet the suicide rate for this age group is relatively high (Access Economics, 2009). Dropout rates are as high as 40%-60% among the small percentage of American youths who do receive services (Kazdin, Holland, & Crowley, 1997; U.S. Department of Health and Human Services, 1999). This pattern has been documented in other countries as well (Tick, Van der Ende, & Verhulst, 2007, 2008).

The vulnerability of males seeking and engaging in therapy has been identified across the age span. In general females are more likely to seek psychological assistance than men (Addis & Mahalik, 2003; Good, Sherrod, & Dillon, 2000; Robertson & Fitzgerald, 1992). Good et al. (2005) suggest men follow a pattern of resistance to forming a therapeutic relationship by either avoiding entering therapy or via a defensive or stoic attitude during therapy. It has been shown that as a result of therapy, female clients experience greater improvement in personal problems (Jones & Zoppel, 1982; Kirshner, Genack & Hauser, 1978), and during therapy engage in greater amounts of self-exploration (Hill, 1975).

There are many advantages of effective interventions to address mental health issues in young people. Providing psychotherapy for this age group will likely soften the demand and consequences of adult mental health challenges. According to Kessler et al. (2005), over 75% of all serious mental health and substance disorders commence before the age of 25, and treatment at the first episode of depression and/or anxiety disorders has been found to greatly diminish chance of recurrent episodes.

### **Variables of Particular Importance for Adolescent Clients**

Generally, therapists agree working with adolescents is difficult (Church, 1994; Hanna & Hunt, 1999; Liddle, 1995; Mar-golis, 1995; Sommers-Flanagan & Sommers-Flanagan, 1995, 1997). Adolescents present to therapy with unique attributes distinguishing them from other therapy populations, such as seeking autonomy and consequent resistance to therapy (Rubenstein, 1996, 1998; Shirk & Saiz, 1992). This can create distinct barriers to therapy and pose formidable challenges to therapy engagement (Armbruster & Kazdin, 1994). It is a complex time of life and entails rapid



and pervasive developmental changes involving emotional, cognitive, social and physiological transformations (Holmbeck & Updegrave, 1995; Weisz & Hawley, 2002). During this developmental period peers gain increased influence and can magnify the stigma attached to receiving therapy and the adolescent can feel even more resistant to efforts of the therapist.

Recent reviews have identified a growing presence of adolescent males in need of psychotherapy who have little or no contact with their fathers and commonly exhibit problems such as low self-esteem, identity problems, depression and aggression (Sinkkonen & Keinanen, 2008). Boys in such circumstances have been described as ‘father hungry’ (Herzog, 2001), which refers to an affective state experienced when the child feels the father is absent. Related problems modulating aggression have been recognized (Sugarman, 1997) in which higher levels of aggression in adolescent boys correlate with the absence of a father figure. The concept of ‘father hunger’ has been endorsed to such an extent there now exists a scale to enable an empirical measurement (Perrin et al., 2009).

### **Role Model**

The importance of a mentor or role model to adolescent resilience has been identified. Gramezy and Rutter (1983) and Zimmerman et al. (2002) have shown that adult role models bolster adolescent resilience, lowering levels of marijuana use and delinquency and increasing levels of school attachment and self efficacy (Zimmerman, 2002). Similarly, in 1993 Nelson and Valliant demonstrated the positive effect of an

adult male role model in the lives of fatherless male students by providing a protective factor against depression, hypochondriasis, suspiciousness, and assaultiveness.

### **Working Alliance**

A working alliance is generally defined as the belief or feeling of both the client and the psychologist that a caring relationship exists that will foster potential to work productively toward a shared goal (Kokotovic & Tracey, 1990), and, 'the degree to which the therapy dyad is engaged in collaborative, purposive work' (Hatcher & Barends, 2006). The likelihood of a client agreeing with the therapist on tasks and goals is enhanced by a strong working alliance (Wampold, Imel, Bhati, & Johnson, 2006). The quality of the working alliance is very important and has been linked to treatment outcomes or effectiveness of therapy and considered a reliable measurement of such for many years (Eames & Roth, 2000; Sullivan, 1940; Gelso & Carter, 1985; Greenson, 1967; Horvath & Greenberg, 1989, 1994; Mallinckrodt, 2000; Martin, Garske, & Davis, 2000; Shirk & Karver, 2003; Zuroff & Blatt, 2006). The importance of the working alliance has also been confirmed recently in a study involving adolescent clients (Robins et al., 2006) and many researchers now conclude it is an essential aspect of therapy (Norcross, 2002).

### **Engagement**

Initial engagement between client and psychologist will significantly influence the manifestation of working alliance. Many factors affect initial engagement such as client reluctance, satisfaction with choice of psychologist, first impressions, and

comfort levels of both client and psychologist. The positive consequences of effective engagement in initial counselling session have been well documented in past and present research. Tryon (1990) demonstrated clients return for more sessions if they feel satisfied with the initial interview. Satisfaction with initial interview has not only been shown to promote a return to session but also positive counselling outcome further down the track (Greenfield, 1983). More recently, the influence of the initial engagement in developing healthy alliances has been further demonstrated and referred to as the depth of client-therapist connection (Sexton, Littauer, Sexton, & Tommeras, 2005).

Empathy, defined as the therapist's sensitive ability and willingness to understand the client's thoughts, feelings and struggles from the client's point of view or to adopt his/her frame of reference (Greenberg et al., 2001), is seen as a key ingredient to engagement and alliance formation processes and has been shown to relate to outcome (Greenberg et al., 2001). Empathy has been widely regarded as an important factor common to all successful therapeutic outcomes (Marks & Tolsma, 1986). Empathy was identified in 1957 by Rogers as one of the 'necessary and sufficient conditions for therapeutic personality change' and he described it as the therapist gaining a sense of the client's world as if it were his or her own. Rogers (1957) expands the notion of empathy to also include the necessity of the client's perception of the therapist's empathy as essential for an attitude and relationship to be created in which the therapeutic process can be initiated.

Discussions of effectiveness of empathy commonly involve not only the therapists' abilities to display this particular sensitivity but also the clients' belief and

confidence the therapist has fully understood his/her experience from his/her perspective. This highlights the importance of client and therapist match in terms of the therapists' ability to understand the client and the client's trust the therapist is going to be able to relate. A gender match situation would arguably facilitate this process as the experience of existing in the world as either male or female is shared.

Therapeutic engagement and working alliance is considered by some the most important component of psychotherapy, one that can be especially challenging when working with adolescents. As shown by Meeks and Bernet (2002) in-session involvement can be particularly difficult with adolescents. Adolescents rarely refer themselves, usually show far less concern about their difficulties than do others, and often fail to see a purpose in therapy or an expectation it will be helpful (Kazdin, 1996; Shirk & Saiz, 1992). Adolescents in therapy commonly see themselves as not needing treatment (Dakof et al., 2001). Therefore reluctance to therapy and early dropout rates are common.

Numerous aspects of adolescent presentation and attitude to therapy have been identified as barriers to engagement (Oetzel, 2003). First impressions are important. Clients' perceptions of therapists have been found to predict therapeutic outcome, as have therapists' impressions and judgements of clients (Blatt, Zuroff, Quinlan, & Pilkonis, 1996; Garcia & Weisz, 2002; Strupp, 1993). A crucial aspect is genuineness. Rubenstein (1996) highlighted the negative response adolescents have to insincerity and pretence. Respecting an adolescent's perspective will encourage engagement and alliance (Rubenstein, 1996, 1998; Sommers-Flanagan & Sommers-Flanagan, 1995; Young, Anderson, & Steinbrecher, 1995). In addition, insecure attachment paradigms

are likely amongst adolescents referred for psychotherapy (Liddle & Schwartz, 2002), which will further complicate efforts to engage.

### **Client Choice of Therapist**

Research has shown client choice of therapist assists engagement. As male psychologists become scarce then choice will be compromised. In a qualitative study in which twelve practitioners were interviewed to discuss clients of all ages, all participants made the assertion that to avoid resistances initially the client's preference concerning analyst's gender should be heeded and that the demand for a therapist of one sex over the other is common (Kulish, 1989). Similarly, research findings focusing on adolescent populations support the assertion effective engagement may be enhanced by allowing adolescents to choose their therapist and have input into treatment interventions and what to discuss in therapy (Church, 1994; Hanna & Hunt, 1999; Liddle, 1995; Loar, 2001; Rubenstein, 1996).

Further evidence for the advantages of client choice at any age is available in the literature. Research findings have resulted in the assertion that client choice of therapist can have positive effects on both the process and outcome of therapy (Manthei, 1988) as a result of an increased sense of control (Galano, 1978; Strong & Claiborn, 1982), a more positive attitude about beginning therapy, and increased motivation overall (Manthei et al., 1982). Similarly, it was found self matched clients stayed in therapy longer, rated their therapists more positively, and were more satisfied with their therapy than those paired with a therapist by a secretary (Tavoloki, 1978).

Hollander-Goldfein (1979) also highlighted the importance of choice when two consequences of choice were identified: enhanced commitment to therapy, and more positive expectations regarding outcome. Retention in therapy is better when the client perceives the treatment selection (including preferences for different aspects and characteristics of the clinician which included gender) as a negotiation than for a control group not exercising choice (Bleyen, Vertommen & Audenhove, 1988). Therefore, the importance of client's perception of control and adherence to his/her choice will seemingly enhance engagement enabling more successful initial therapeutic contacts.

### **Training and Supervision**

An additional consideration relevant to a forecast shortage of male psychologists is the impact of a limited input of male perspectives on training, supervision and debriefing opportunities to existing professionals. Research has documented that counsellors and therapists rate receiving clinical supervision as a crucial activity for professional growth, regardless of their experience level (Rønnestad & Orlinsky, 2005), and perhaps the most important mechanism for developing competencies (Falender et al., 2004; Stoltenberg, 2005).

The relationship between the supervisor and supervisee can be complicated (Bernard & Goodyear, 1998) and as supervision is in part a therapeutic relationship it requires clinical skill to be done well and entails the same complexities found in a client therapist relationship. Therefore, exploring issues of gender match and mismatch are

also relevant to the effective outcome of supervision, debriefing and training procedures and opportunities.

### **Summary**

The effect of gender in therapy is not widely researched and available studies are contradictory in their findings. However a recent study (Wintersteen et al., 2005) clearly demonstrated better treatment outcomes for adolescent males in therapy when matched with a male rather than female therapist. This finding in conjunction with a need for more research into adolescent mental health in general, and declining numbers of male psychologists in the profession, highlights a potential disadvantage for this cohort of clients and the importance of research into this area.

**Empirical Study**

***Feminisation of Psychology: A qualitative approach to assess consequences for  
adolescent males in therapy***



### Abstract

Over recent decades the profession of psychology has witnessed a shift in gender composition of practitioners and is currently considered female dominated with a potential future shortage of male psychologists forecast. Research and focus on the impact of gender match or mismatch in therapy is required to inform potential problems the profession faces as the ratio of male psychologists declines. This study employed a qualitative method using a semi-structured interview guide and Interpretive Phenomenological Analysis (IPA) strategies to compose an exploration into the impact of gender of psychologist on adolescent males in therapy. The focus on this group was due to recent findings indicating better treatment outcomes and retention for adolescent males when paired with a male psychologist compared with a female, and statistics indicating increasing numbers of adolescents suffering from mental health issues. Twelve practicing psychologists, six male and six female, experienced in working with adolescents were interviewed. The following themes were identified: 1) Adolescent males at least sometimes benefit from working with a male psychologist 2) providing client choice of therapist can enhance engagement and 3) psychologists currently experience difficulties accessing male psychologists. The sample in this study expressed belief in advantages of gender match for adolescent males in therapy.

***Feminisation of Psychology: A qualitative approach to assess consequences for  
adolescent males in therapy***

The profession of psychology, once a male dominated field, is now identified across the world as a female dominated profession (Olos & Hoff, 2006). The term, ‘feminization of psychology’ has been adopted to describe these changes (Ostertag & McNamara, 2006). In Australia male psychologists currently comprise only approximately 28% of the total number of registered psychologists (2009). Trends indicate the decline will accelerate due to age demographics. A literature review illustrates the future implications of a possible shortage of male psychologists on clients and the profession in general has not, to date, been widely considered.

In general the impact of gender within therapy is an under researched domain, in which inconclusive results are common (Bowman et al., 2001; Cottone et al., 2002; Dienhart, 2001; Gehart & Lyle, 2001; Goldberg, 1979; Jones & Zoppel, 1982; Kirshner et al., 1978; Kulish, 1989; Lam & Sue, 2001; Mogul, 1982; Seiden, 1976; Wintersteen et al., 2005; Zlotnick et al., 1998). Some studies have demonstrated female psychologists generate better treatment outcomes than male psychologists (Collinson, 1981; Jones & Zoppel, 1982; Jones, Krupnick, & Kerig, 1987; Kirshner, Genack, & Hauser, 1978) whereas other studies focused on gender matched compared to gender mismatched dyads have reported greater client comfort during sessions and better therapeutic outcomes overall when gender of client is matched to gender of psychologist (Berzins, 1977; Beutler, 1991; Cottone, 2002; Hill, 1975; Reis & Brown, 1999; Norcross, 2002). It is a complicated situation and difficulties in studying gender in isolation from other variables affecting treatment efficacy have been identified.

A recent study by Wintersteen et al. (2005), demonstrated greater retention rates and stronger therapeutic alliances for adolescent males paired with a male rather than a female therapist and raises important issues for a number of reasons. First, adolescents in general are considered a difficult age group to work with (Church, 1994; Hanna & Hunt, 1999; Liddle, 1995; Mar-golis, 1995; Sommers-Flanagan & Sommers-Flanagan, 1995, 1997) and second the incidence of mental health issues amongst Australian adolescents is high and increasing (Access Economics, 2009). Finally, if limited access to male psychologists compromises the effectiveness of treatment for this age group, then a potential future shortage of male psychologists has implications for effectiveness of therapy with this cohort. These factors are further highlighted by a common need for a male role model for adolescent males in therapy (Sinkkonen & Keinanen, 2008) and a general reluctance of adolescents, especially males, to enter and engage in therapy (Kazdin, 1996; Shirk & Saiz, 1992).

The quality of working alliance and initial engagement between client and therapist are considered fundamental to the effectiveness of the process of therapy and treatment outcome (Eames & Roth, 2000; Gelso & Carter, 1985; Greenfield, 1983; Greenson, 1967; Horvath & Greenberg, 1989, 1994; Mallinckrodt, 2000; Martin, Garske, & Davis, 2000; Sexton, Littauer, Sexton & Tommeras, 2005; Shirk & Karver, 2003; Sullivan, 1940; Zuroff & Blatt, 2006). The exploration of the impact of gender match or mismatch between teenage clients and psychologists on these processes will help uncover potential barriers to therapy. Another variable shown to impact initial engagement and treatment efficacy is client choice (Galano, 1978; Hollander-Goldfein, 1979; Kulish, 1989; Loar, 2001; Rubenstein, 1996; Manthei, 1988; Strong & Claiborn,

1982), which will potentially be limited if access to the preferred gender of psychologist is compromised.

This study attempted to address issues relating to gender match or mismatch between psychologist and client by employing a qualitative research methodology. The perspective of practitioners on the effect of the gender of psychologist for adolescent males was explored. Investigation into this domain is timely. The current limited research to inform both best practice approaches for dealing with adolescents in therapy and the impact of gender match between psychologist and client (specifically adolescent male with male psychologist), potentially denies practitioners, academics, educators, and researchers solid foundations upon which to base their work and ignores future implications of a potential shortage of male psychologists.

### **Research Aims**

This research aimed to explore issues regarding gender in therapy. Specifically an attempt was made to establish the extent to which practitioners regarded gender match between adolescent males and psychologist to facilitate the therapeutic process. This exploration was guided by a specific research question: Is it important, and if so how important, boys have access to male psychologists to assist the therapy process?

Two major contributing factors provided the incentive for this research endeavor. First, the observation and statistical evidence that psychology has become a female dominated profession, and second, concern over the growing prevalence of adolescent mental health issues.

## **Method**

### **Qualitative Design**

Qualitative design is an appropriate methodology when targeting a seldom-studied topic (Fassinger, 2005; Patton, 2002; Strauss & Corbin, 1998) due to its effectiveness in obtaining insights from selected individuals into a specific experience and the interpretations and complexities attached to these experiences. Quantitative research does not afford the researcher the opportunity to paint the picture of a chosen topic with such a broad stroke. When working from a limited research base the option to explore a chosen domain void of quantitative and statistical limitations is ideal.

A qualitative approach commonly involves Interpretive Phenomenological Analysis (IPA) strategies to understand phenomena through the meanings that a person assigns to them. This approach is hermeneutic in character, meaning it is based on the reading and interpretation of messages and texts. Furthermore IPA is an inductive approach (Smith, 2004) enabling integration of emerging themes from the raw data into meaningful representations of the described experiences and insights.

The qualitative approach provides a 'canvas' upon which a picture of an under researched domain can unfold, and understandings and meanings generated by the data can highlight present concerns and inform and aid in the development of future research designs.

## **Participants**

A defining characteristic of qualitative research is the use of purposeful sampling (Patton, 2002), which allows researchers to study a small sample in depth. For this study registered psychologists who have had experience working with adolescents were invited to participate due to the valuable insight and input their experience afforded them. Six male and six female practitioners were involved in the study. All but one of the participants has had over fifteen years experience working with adolescents. The names of practicing psychologists known to have experience in working with adolescents were identified through university contacts and participants themselves as the interviews progressed. The addresses of potential participants were then obtained through the Yellow Pages Directory and they were contacted either by letter or email, and an invitation to participate plus consent and information sheets were distributed (Appendices A, B and C).

## **Data Collection and Analysis**

### **Interview Guide**

Data collection for this study consisted of qualitative interviews, each of which lasted approximately 45 to 60 minutes. A semi structured qualitative interview guide was created specifically for this study (Appendix D). The interview guide was grounded in phenomenological and constructivist frameworks, which provided a general structure for discussion and encouraged participants to provide their own perspective, based on their experiences and perceptions. The semi structured interview protocol (typical of qualitative interviews) consisted of a combination of standardized,

open-ended questions and conversational rapport-building statements and questions (Fassinger, 2005).

The interviews were audio taped and transcribed. To allow for continued immersion in the data the interviews were transcribed by the primary researcher. Transcripts were confidential and were assigned codes that were kept separate from the transcripts to ensure anonymity.

All interviews were conducted in private settings (private or university campus offices / areas) with just the interviewer and participant present. The following demographic information was also collected from participants: qualifications, years of experience working with adolescents, age.

Interview transcripts were individually organized and coded using constant comparative methods (Patton, 2002; Strauss & Corbin, 1990). The transcribed interviews were entered into NVivo software (Fraser, 1999) to assist with analysis. The NVivo software assisted with classifying, sorting, and retrieving coded text to facilitate the analysis process.

### **Coding and Category Development**

The purpose of the coding was to gradually decrease the specificity of the data while gradually increasing capacity to describe and categorize larger segments of data. This process requires the researcher to conceptualize the data into major domains of meaning, which leads to the identification of the most important themes, or most relevant areas of concern that emerge from the participants' reflective discourse.

Levels of coding can be described as (a) initial or open coding, (b) focused coding, (c) axial coding, and (d) selective or theoretical coding (Charmaz, 2006; Strauss & Corbin, 1998). All coding at each level is led by data.

### ***Initial Coding***

Microanalysis (word by word analysis) was used to break large segments of interview transcripts into smallest possible units, called concepts. The concepts were named and described. At the end of this stage 183 codes were produced.

### ***Focused Coding***

Decisions were made about how to group the concepts into meaningful categories. When codes were identified as referring to the same or similar overarching concepts a category was established.

### ***Axial Coding***

Following focused coding, relationships and connections between the categories were identified and primary and subcategories were established. Core categories were identified and conceptualized as central phenomenon around which all other categories were integrated (Dey, 1999). As a result 13 categories were identified.

### ***Selective Coding***

Further coding resulted in the establishment of two super-ordinate overarching themes, within which ordinate themes and constituent themes were identified. This



reflects the researcher's interpretative analysis of the overall organization of major themes derived from the data. Segments of data not fitting within the two super-ordinate themes were then classified as additional themes.

### **Analysis**

The analysis was conducted with a psychological phenomenological focus: sensitivity and awareness of each participant's individual experiences and insights to ascertain distinct meanings to the data (Ponterotto, 2005). With every phase of coding constant comparison was used. This is an iterative process, which involves frequently going back to the transcripts to assure participant's views are allocated to the appropriate codes and to reassign data from previously determined codes to newly emerging codes. Saturation of the data is achieved when all segments of transcripts have been coded and conceptualized at each level, and when no new data emerges that doesn't fit into the existing thematic categories (Dey, 1999).

Researchers have their own unique worldviews, making it crucial to validate interpretations and coding procedures. The reliability of the coding process was accomplished with the aid of Norris, an experienced colleague, with expertise in qualitative methods (Norris, Paton, & Ayton (in press)). A two-stage process was applied. Firstly an observation that the analysis procedure was being implemented accurately was undertaken. Secondly an independent analysis of the data was conducted. This provided confirmation of the primary researcher's interpretations and management of the data, known as inter-rater reliability. Inter-rater reliability addresses the consistency of the implementation of a rating system (in this instance, IPA) through

determining the extent to which two or more individuals agree on derived categories and relationships based on the raw data (Dey, 1999). In this case inter-rater reliability was calculated as high, Kappa=.68,  $p<.001$ .

**Results**

At the initial open coding stage segments of text were conceptualized into discrete ‘chunks’ of meaning. NVivo software was used which codes the ‘chunks’ of meaning into distinct categories called nodes (Fraser, 1999). The raw data yielded 183 nodes in total. The most prevalent nodes and number of participants (out of 12) who endorsed them are shown in Table 1. These categories refer on the whole to the experience of the psychologist when working with adolescent males.

*Table 1*  
*Prevalent Nodes*

<u>Node</u>	<u>Endorsement out of 12</u>
There is an overall need for MPs	12
Staff ratios indicate a current shortage of MPs	12
MPs have advantages over FPs	12
Lack of male role model common amongst AMs in therapy	12
MP are requested (and effective) as a role model for AMs	11
Access to a MP is important	11
Gender of the therapist can influence therapy	11

Certain issues for AM are best dealt with by a MP	11
Strained father/son relationship common for AMs in therapy	11
Recruiting males into the profession is important	11
MP facilitates engagement with AM	10
MP enhances effectiveness of therapy for AM	10
Preference for MP for AM is common	10
Mother of AM initiates contact more often than father	10

MP = male psychologist, FP = female psychologist AM = adolescent males

The interpretative analysis of nodes yielded two major themes listed as the top two nodes in the table of prevalent nodes above: there is an overall need for male psychologists and a shortage of male psychologists in the work place is currently being experienced. Participants identified the following benefits male psychologists at least sometimes provide: they increase the effectiveness of therapy for adolescent males through enhanced engagement, empathy and normalisation, fulfill the need for a role model, prevent gender barriers and provide opportunity for adolescents to discuss issues they would not raise with a female psychologist. Also they provide choice for the client.

Participants also confirmed they are presently experiencing difficulties in accessing male psychologists, and are noticing absence of male psychologists in work places and professional development environments.

Categories of data emerging from the major themes are presented below with brief description and narrative examples (direct quotes from interview text with non-essential information such as um, ah, etc. removed to improve readability). To ensure

participants' confidentiality, pseudonyms have been used and identifying names of companies or agencies have been removed.

### **Increased Effectiveness of Therapy**

All segments of data describing enhanced effectiveness of a male psychologist compared to a female psychologist working with adolescent males were coded under this theme. All participants endorsed this notion, evidenced in Table 1. Many aspects of therapy were raised within this topic. Most importantly, initial engagement and alliance formation between psychologist and client were highlighted as crucial to effective therapy and enhanced by gender match. Adolescent males were described as being more willing to 'open up', form a relationship, and subsequently be more tolerant of challenges and changes to their coping styles when working with a male psychologist. Two participants in particular (1 male and 1 female) were adamant that in the majority of cases adolescent males will more successfully engage when the psychologist was male, and could provide examples as evidence. The remaining participants ranged in their insights from strongly supporting the notion that engagement is enhanced by gender match to suspecting that in most cases it does.

Additionally male psychologists were described as having the advantage of added empathy and understanding of the 'male' experience. Also, male psychologists were described as having a more matter of fact, problem-solving style which it was claimed suits adolescent boys better and will enhance the effectiveness of the therapeutic process.

As many aspects of the therapeutic process were discussed within this theme the following sub categories were established as a framework in which to present the data:

### **Enhanced Engagement**

Ten out of the twelve participants (five male and five female) described more effective engagement and relationship between adolescent male and male psychologist compared with female psychologist.

I think there are some boys, not all, but some who really relate much better to men and for whatever reason they do not like disclosing personal information to a woman and so I think it can enhance the capacity to trust and I think it is purely to do with the fact that they have the same set of chromosomes. *Peter*

they are much more likely to be engaged earlier on in the process and this doesn't go for all male adolescents but I could say this fairly convincingly that for the majority much more likely to be engaged in the first session, into the process, if the counsellor, the psychologist is male. *Jenny*

The reluctance of adolescents in general, and boys in particular, to engage in therapy was identified by a majority of participants. Therefore any aspect of the therapeutic situation that enhances engagement of adolescent males is important. Adolescent males were described as being less likely to self refer than girls, less likely to admit there is a problem, and be less comfortable to discuss personal issues. The differences in the nature of referrals between adolescent girls and boys were discussed. Boys were seen as more likely to present as a part of a disciplinary action and girls were seen as more likely to self refer and to address issues within a therapeutic environment earlier than were boys.

I think in terms of traditional therapy it's easier to work with girls because they, they talk more easily. *John*

But teenage boys are typically not at all interested in counseling, *Bob*

the females were more engaged in the therapy because they would come back and have the discussions and want to engage in that sort of work, whereas the boys it wasn't really you know they, they, they didn't really want to do that very much. *John*

### **Empathy and Normalisation**

Participants identified specific advantages male psychologists have over female psychologists when working with adolescent males. These included, more empathy and normalisation opportunities, and that adolescent males are more accepting of input from a male psychologist than a female psychologist

Well I think there's an authenticity about it isn't there, if a male says you know in my life mate I've learned da da da da da whereas from it, it, I think I reckon a bloke would just be able to put this in, in the right words to get, to get this, this concept to click, *Debbi*

if the psychologist is also male there is almost a natural oh willingness or, or what's the word you know a natural identification I suppose that goes on that, and that's your first hurdle with adolescents you know is, is to form a relationship *Jenny*

I don't think we can convincingly talk about what it's like to be a boy. *Carol*

I as a male therapist I can give them permission to talk about stuff that they wouldn't normally talk about ...*John*

### **Prevention of Gender Barriers**

This sub-theme encompassed descriptions of clients either refusing or displaying reluctance at the prospect of therapy with a female, rather than a male psychologist.

a male adolescent going well it's not a bloke so I'm not doing it, it's, they're not even taking that step so if that's going to be the significant barrier then I think that's a massive one and I think that's a real risk so yeah I think it's extremely important about the availability of males for just for that reason. *Carol*

if a young man hears a woman talking about it they, they, I think it they go well that's ok for women but you know it's not the same for blokes. *Debbi*

### **Better Equipped to Deal with Certain Issues**

Eleven of the twelve participants confirmed a male therapist would be able to more effectively deal with certain issues. Issues relating to sexual matters and relationships were identified as requiring, in most cases, a gender match between the client and therapist to afford more comfort for the client in relaying concerns, more opportunity for effective normalization, and more acceptance of the therapists' suggestions, insights, and responses. It was confirmed by all participants that adolescent males struggling with issues surrounding sexual matters, including gender identification, benefited from interaction with a male psychologist.

a boy that has questions around normal, normalization around things like masturbation and things that they just can't bring themselves to talk to, you know, a female therapist about that really personal aspect I think those tougher questions are more easily asked of a male therapist and to get that sort of normalization is this normal for a bloke to do this and I, I just don't think that a male adolescent would necessarily have the same confidence in a female's response even if they were able to ask the question. *Carol*

### **Role Model**

Specifically male psychologists were described as fundamental and effective in fulfilling a need for male role models. This was seen as especially important as adolescent males in therapy were described as commonly experiencing troubled family relationships or the absence of a father or father figure. Adolescent males' self-harm, risk taking and suicidal behaviours were seen as often linked to deficiencies in male guidance and mentoring. In the families that are separated there probably is a significant number where there's a problematic relationship with the father. *Bob*

as with a lot of boys that are troubled and a lot of the boys that I'm seeing that are depressed or suicidal or quite troubled there are issues almost invariably there are issues in their relationship with their dad of some kind. *John*

The advantage a male psychologist has in 'showing' adolescent males it is possible to talk about personal issues without compromising 'masculinity' was

identified. Both female and male participants identified this as a distinct and effective advantage a male therapist has, which can have long reaching positive consequences in terms of dealing with personal issues and relationships throughout life. The male psychologist was described as giving the boy 'permission' to talk about sensitive issues by doing so himself.

Also, in terms of learning about being 'male', male psychologists were seen as playing a crucial role in particular when there existed a lack of male role model in the boy's life. Appropriate anger management was seen as an area in which male psychologists could provide invaluable guidance, understanding and example, to which an adolescent male would more likely endorse than when working with a female psychologist. *All* participants identified the prevalence of the general need for positive male role model for boys in therapy.

it's strategic, particularly for young men, sometimes to have a male therapist, particularly if they're what I call father hungry kids, where they've had difficult, they've either had bad experiences with males so we're wanting to model some other kind of experience, or they haven't been exposed to male models much. *Tom*

I always thought it would be really useful to have a, a measured, calm man who could talk with them about everybody gets angry but it's you know as a bloke it's what you do with that anger and how you deal with it is the, the measure of how, how you function as a bloke in society and so just having a man who could demonstrate that and talk about that, talk about it from a male perspective I always felt would, would be a really helpful thing. *Debbi*

basically I'm arguing that the way in which the male therapist conducts himself, and the way in which he expresses himself and deals with painful feelings and thoughts that really is pivotal and I think that it basically sets the tone. It almost gives permission for the male to follow suit. *Peter*



### **Provide Choice**

All participants endorsed the importance of client choice of psychologist (including gender). Lack of choice was identified as a potential problem for the profession. All female participants described situations in which they have offered or suggested a referral to a male psychologist for an adolescent male to enhance effectiveness of therapy. One psychologist who had worked with adolescents for over 30 years claimed she often recommended a referral to a young male psychologist within her practice to address reluctance of a boy to engage, highlighting the necessity of choice for the client.

Research supporting the importance of client choice was raised, and problems associated with limits to choice. The frequency of client requests relating to gender of therapist were reported as ranging from fairly frequently to half of clients and the requests made are reported as being overwhelmingly for a psychologist of the same gender.

You want a balance, you want choices for clients. *Gary*

everyone needs to be able to make decisions given that given a lot of the, the research shows that a lot of the benefits of therapy happen before therapy begins with the client's perception of the therapist. People need to be able to choose a therapist that they think is going to be helpful for them. So they need to have choices of gender, of age, and also of background experience so if there's no, if there isn't a choice or if the choice is limited that, that in itself is a problem. *Dennis*

### **Current shortage**

Seven of the twelve participants provided information regarding the ratio of male to female psychologists in their current work environments. Results can be seen in

Figure 3 and confirm the expectation that 25% of staff members are male in the majority of professional psychology work places.

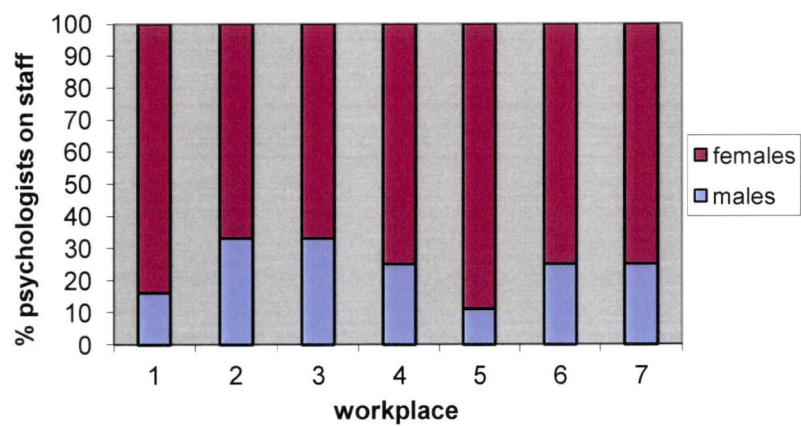


Figure 2. Percentage of male and female psychologist staff members.

Also, when asked to give an estimate of the gender breakdown of adolescents in therapy six of the seven respondents confirmed that of their adolescent clients at least half were males.

Descriptions of difficulties experienced in locating a male psychologist either to employ, for supervision or training purposes, or for referral of clients were forthcoming and all participants were able to describe situations in which this has occurred. In other words, the current experience of practitioners is that they have been confronted with the challenge of locating a male colleague in a female dominated profession.

Main reasons for the shortage of men in the profession were thought to include less appeal of therapeutic work (seen more as a ‘female’ domain – a statement which emerged directly from the raw data) compared to assessment work for men, the risk of allegation of sexual misconduct, the stigma attached to psychology in terms of general

stereotypes that it as a profession more suited to women, that it is not lucrative enough, and that other areas of study e.g. economics or law, are more appealing or encouraged more for bright young boys.

what kind of bloke works with kids, are you either a pedophile or a poofa or you're just, you know less than a man you know because you're not, you're not doing those things that society values you're not out there either making millions, playing sport or being a, a financial success as a business man or, or something of that nature, I think there's a bit of a, a teaching in a school is second rate, and maybe psychology because it's you know a bit of a touchy feely profession in a lot of people's eyes that that's seen as a, an odd thing for a bloke to, to be interested in, you know what sort of a bloke talks about their feelings and what their thinking about? Yeah. *John*

The benefits of and desire for gender balance in the profession was fully endorsed.

wherever you limit the heterogeneity in any profession you're going to get a very limited range of, a, a more limited range of options for clients or for the or for the service that's being provided or for the profession I'm all for as much gender balance as you can get in every profession. *Debbi*

Suggestions of how to address the shortage and encourage young men into the profession included increase the status of the profession, campaign in schools, make the APS conferences less boring, offer scholarships, and develop streamlined courses such as 'male psychologists for adolescent boys'.

Look, I think we have to do some recruiting. I think the APS needs to run a campaign in schools make psychology relevant and interesting; almost a public relations campaign.....I think a lot of the very bright kids for example who went to school with my son they've sort of done Law and Business, opposed to psychology. I don't think psychology is on the radar. *Peter*

## Age

Age of therapist was also raised as a potential barrier to therapy. Mixed views were presented. Some participants asserted that providing not only a male psychologist but also a *young* male would enhance engagement of an adolescent male in therapy,

and that self disclosure is not as effective if the age gap is too wide. Others felt that an older male is able to be equally effective for an adolescent male as a solid role model and mentor. One of the younger male therapists admitted that he wonders if he has a 'used by date' in terms of being acceptable to his teenage clients.

Yes, I think it's, it's akin to the gender issue (age of therapist), it's that importance of initial engagement..... I think we're checked out, in the first ten minutes we either fly or die [laughter] it might be a very superficial judgment to start with but I think we can lose it in a matter of minutes. *Carol*

### **Discussion**

This study examined the extent to which practitioners regarded gender match between adolescent males and psychologist to facilitate the therapeutic process. A qualitative methodology was employed for a number of reasons. Principle among these was a lack of existing evidence to guide hypotheses, but also to utilize the exploratory framework as a means to inform design and foci for future studies. Twelve practitioners experienced in provision of adolescent mental health interventions were interviewed. Emergent themes shed light on concerns from the sample regarding a current and growing shortage of male psychologists, especially with regard to the needs of adolescent males.

#### **Enhanced Engagement and Alliance**

The expressed belief that adolescent boys at least some times benefited from working with a male rather than female psychologist was endorsed. All participants were able to identify at least some aspect of the therapeutic process that would be enhanced by gender match. The strength of the endorsement ranged from the view that in the majority of cases adolescent males would engage and accept challenges and

input more effectively if the therapist was male, to the recognition that some issues would be better dealt with by a male, or that it was primarily in the initial alliance building period gender match was a benefit.

Ten of the twelve participants believed that initial engagement in therapy was enhanced for an adolescent male if he was working with a male therapist. Female participants commonly reported making referrals to male colleagues for this reason and male participants similarly reported receiving requests and referrals for this reason. Also allocation of clients to therapists in working environments in which clients were screened was described as following the pattern of gender match to enhance engagement, alliance and process. One participant described the allocation pattern as stemming from an 'implicit wisdom' that this arrangement would facilitate therapy. Also it was asserted that adolescent males would accept challenges to their coping styles and generally be more accepting of input from a male psychologist compared to a female.

Evidence from Wintersteen (2005) supports the 'implicit wisdom' participants described, namely that engagement and alliance would benefit from a gender match for adolescent males. In their study it was shown adolescent males formed stronger alliances with a male rather than female psychologist. Adolescent males rated alliance with female therapists considerably lower, and were more likely to drop out before completing two thirds of treatment, than any other gender dyad. There is evidence to indicate gender match improves treatment outcome in adult populations as well (Cottone 2002; Hill, 1975).

It is important to consider aspects of therapy to increase the chance of effective outcomes for adolescent males, as it seems they are particularly vulnerable. Research has shown that in general males (of any age) display more reluctance to entering therapy (Addis & Mahalik, 2003; Good, Sherrod, & Dillon, 2000; Robertson & Fitzgerald, 1992) and/or engaging in a therapeutic alliance (Good et al, 2005) compared to females. In particular, recent statistical evidence demonstrates that adolescent males avoid and drop out of therapy (Access Economics, 2009; Tick, Van der Ende, & Verhulst, 2007, 2008).

Also, adolescents in general are described as a reluctant group of clients and therapists generally consider this age group difficult to work with (Church, 1994; Hanna & Hunt, 1999; Liddle, 1995; Mar-golis, 1995; Sommers-Flanagan & Sommers-Flanagan, 1995, 1997). The beliefs of the sample confirmed these research findings. Participants shared a conceptualization of adolescent males in therapy as vulnerable. They were described as harder to engage, less likely to self refer, and harder to retain in therapy than adolescent girls.

One aspect of therapy participants raised as crucial to treatment efficacy was the quality of initial engagement and subsequent working alliance. An extensive body of research exists to support this (Eames & Roth, 2000; Gelso & Carter, 1985; Greenson, 1967; Horvath & Greenberg, 1989, 1994; Mallinckrodt, 2000; Martin, Garske, & Davis, 2000; Shirk & Karver, 2003; Sullivan, 1940; Zuroff & Blatt, 2006). Ten of the twelve participants in this study believed that in majority of cases initial engagement between an adolescent male and his psychologist was enhanced by a gender match. The degree to which participants felt it was enhanced ranged from in some cases being crucial for

engagement (often in a forensic setting) to constituting a minor barrier that can be quickly overcome as therapy progresses. Nevertheless, if this is the case then there is seemingly an important need for access to male psychologists, and recruitment of young men into the profession.

### **Empathy and Normalisation**

In addition to positive initial engagement, the quality of therapist generated empathy and normalization is considered important in working towards working alliance and successful therapeutic change in all age groups (Gladstein, 1977; Greenber et al, 2001; Marks & Tolsma, 1986). In particular when working with adolescents it has been found adolescents more readily engage if they believe the interaction to be genuine (Rubenstein, 1996).

Male psychologists in this study were described as being able to empathize more convincingly with adolescent boys, simply by virtue of the fact that they shared gender, have possibly been through similar struggles, and could easily talk about what it is like to be male. It was also suggested the input from a male therapist was likely to have more influence as the client would more readily accept ideas, thoughts and insights from a therapist they felt had a deeper understanding of their situation. Situations were described in which an adolescent boy would simply state that he felt that his female therapist wouldn't understand how he felt because she wouldn't know what it is like to be male or know what he was going through.

All female participants reported awareness that at times they felt somewhat lacking in their capacity to build a framework of common understanding and

identification that would enable frank discussion of personal issues and feedback. Female participants reported instances in which they had referred clients to male colleagues for this reason.

Male participants reported awareness of exploration of gender issues in therapy. In particular, the issue of how to deal with anger in an appropriate way which reflects masculinity but not aggression was common. Male psychologists identified their input as an adult male as valuable in creating and providing alternative framework of responses and behaviors while not compromising masculinity, and viewed this process an easier journey than it would be for a female psychologist.

Assertions made by Wintersteen (2005) support participant views. Wintersteen (2005) proposes gender role prescriptions intensify during adolescence, and that identification with a therapist who can help navigate through this sensitive stage is beneficial. They go on to suggest male adolescents may even consider forming a close relationship with a female therapist contradictory to their developmental task of exploring masculinity and consequently prohibit alliance.

A male psychologist's capacity for normalisation around sexual issues was also identified as an important aspect of therapy with adolescent males. There seems to be a lack of research regarding the impact of therapist and client gender match on normalisation and gender identification. An additional consideration, not explored in this research endeavor, is the need for homosexual/bisexual clients to similarly potentially benefit from not only a gender match but a sexuality match with his/her therapist.



### **Client Choice**

Ten of the twelve participants provided evidence that adolescent males and/or their parents commonly expressed a preference for a male psychologist. Female therapists reported instances in which the client stated clearly that he was disappointed and did not want to engage in therapy with female psychologists. One participant cited cases in which the client actually refused to continue for this reason.

The prevalence of clients requesting a specific gender of psychologist was described as occurring 'quite often' to, about 'half of clients make this request' to 'it occurs often'. It was reported as often being the case that a male psychologist will be requested for an adolescent male. The pattern of clients themselves usually preferring a psychologist of the same gender was overwhelmingly supported.

It has been asserted that heeding client choice of therapist gender will avoid initial resistances (Kulish, 1989), and it has been demonstrated client choice of therapist in general will lead to more effective process and outcome of therapy (Bleyen, Vertommen & Audenhove, 1988; Manthei, 1988, Tavaloki, 1978). These findings are supported by theory (Brehm, 1966).

The following aspects have been demonstrated as consequent outcomes of client choice of therapist: increased sense of control (Galano, 1978; Strong & Claiborn, 1982), a more positive attitude about beginning therapy, and increased motivation overall (Manthei et al., 1982). Results of this study support these contentions, describing limited choice of therapist as a potential barrier to therapy.

### **Dealing with Sensitive Issues**

In addition, it was stated by eleven of the twelve participants that there are certain issues adolescent males may raise during the therapeutic process that are better dealt with by a male psychologist. One female participant described commonly being confronted with adolescent males in therapy displaying refusal to discuss issues around sexual behavior and the need to refer these boys to a male psychologist. This situation was affirmed by most participants.

Gender match was viewed as a more effective arrangement than mismatch for such matters, due to client comfort and preparedness to discuss. The issue of psychologist comfort was not raised or explored, but could constitute a valuable focus for future research.

### **Role Model**

Participants described adolescent males in therapy commonly experiencing difficulties in their relationship with their father or father figure, and experiencing an absent or only minimally involved father or father figure. The portrayal of adolescent males in therapy often being ‘father hungry’ fits the notion developed and endorsed in recent research (Perrin et al, 2009; Sugarman, 1997) and has been shown to relate to problems such as low self-esteem, identity problems, depression and aggression (Sinkkonen & Keinanen, 2008). The importance and potential benefits of a role model or mentor, especially for ‘father hungry’ boys have been endorsed for many years (Nelson & Valliant, 1993; Zimmerman et al, 2002).

Male psychologists were viewed by all participants as being able to fulfill a very important role; a significant male in a troubled boy's life. Male practitioners reported a common pattern of meeting the request for a male therapist from a client's mother due to his father being absent.

### **Present Shortage of Male Psychologists**

Data from this study relating to staff ratios of male compared to female psychologists met expectations of male psychologists being in the minority and representing only 28.6% of registered psychologists. Participants expressed an awareness of this imbalance and described the following situations as examples: not being able to find a male psychologists for clients quite frequently; not being able to meet client's requests for a male psychologist in their own work environments; male psychologists feeling underrepresented in professional development environments, such as seminars; and females noticing a lack of men attending conferences and seminars. In terms of the ratio of male adolescent to female adolescent clients the general consensus among participants of the study was that they see an equal number of boys and girls.

Main reasons for the 'shortage' of men in the profession as expressed by participants were thought to include the risk of allegation of sexual misconduct, the stigma that it is as a profession more suited to women, lack of financial incentive, and that other areas of study, such as medicine, law and business are encouraged more for bright young boys.

The benefits of and desire for gender balance in the profession was fully endorsed. Suggestions of how to address the shortage and encourage young men into the

profession included increasing the status of the profession, running campaigns in schools, improving the quality of professional development, such as APS conferences, offering scholarships, and developing streamlined courses for male students.

### **Limitations**

The possibility of researcher bias could be considered a limitation of this research. Close scrutiny of the data and coding procedures was carried out by an experienced qualitative researcher and inter rater reliability was established in an attempt to address this limitation. The reliability of results of future qualitative investigation into this domain may be augmented if a team of researchers are involved in the interviewing and coding procedures. Also, such a team would help reduce the risk of a priori assumptions.

Valuable insight from practitioners following reflection of many years experience working with adolescents has been obtained. The lack of supporting evidence from adolescent clients could be seen as a limitation of results. Incorporation of such data was beyond the scope of this project due to time limitations and the aim to contain the research to a master's level thesis by collating an initial 'snapshot' view from practitioners only. Future investigations obtaining insights from clients themselves would enhance the reliability and validity of this study and likely add further dimension to our understanding.

Recruitment of participants was dependent on availability. Some potential participants were unable to partake in this study due to time limitations and busy schedules. One young male psychologist in particular was not available, as his workload

precluded his participation his full attention, evident from his 14-week waiting list. This particular practitioner is well known for his work with adolescent males. Insight from such an experienced person would be valuable, but not possible due to the time constraints of this project. A longer-term study timeframe would allow for this inclusion.

The saturation of data in qualitative research does not necessarily imply representation. Therefore, conclusions from this study would be enhanced if an alternative sample of psychologists was interviewed and similar themes emerged.

### **Future Research**

Investigation into *all* potential groups of clients who would potentially benefit from working with a male psychologist was beyond the scope of this project, other than devoting a small proportion of interview time to this topic. The identification of other potentially vulnerable groups is important, however, in further establishing the overall need for the availability of both male and female practitioners within the field of psychology.

During the interview process participants were asked to comment on other cohorts of clients besides adolescent boys they feel benefit from or require a male psychologist to enhance progress in therapy. All participants were indeed able to identify such groups. Groups identified were as follows: adult men, victims of sexual abuse, couples and families, male sex offenders and family violence offenders, and criminals.

Adult men were identified as vulnerable when they were not confident to discuss personal issues with women. It was asserted that victims of sexual abuse (and their therapist) preferred gender match in most cases. Male therapists reported feeling they had an advantage in encouraging and connecting with male adults in couples and family therapy forums. Female participants suspected this was the case also. Five out of six female therapists admitted they avoided working with, or would find it difficult to work with male sex or violence offenders and male participants reported an awareness of female colleagues feeling this way.

Participants were also able to identify a need for male psychologists to provide supervision and training. Further research is required to determine the importance of this need. Research has shown that therapists rate clinical supervision as either the most or the second most important factor for professional growth (Rønnestad & Orlinsky, 2005). Overall participants endorsed the notion that a choice of either a male or female supervisor is preferable. Specifically it was asserted that male practitioners would not be prepared to discuss certain personal issues concerning their therapeutic experience with a female supervisor or colleague. Female participants described the benefit of debriefing and supervision with a male colleague as they felt they had often received a different perspective and a more problem focused approach when able to explore their experiences with a male.

The 'shortage' of male psychologists to fulfill the role of supervision and debriefing was identified as a current problem in this study. One participant traveled interstate to access male supervision. One participant described experiencing the strain he and his male colleagues experienced to meet the demands for supervisory input. One

female participant explained she had never had a male supervisor and felt she had been disadvantaged as a result. Generally it was felt that in terms of debriefing and supervision a lack of male perspective from a male supervisor or colleague limited the view of all practitioners and possibly minimized challenges to existing thoughts and therapies.

Input from each participant on the importance of age of therapist as a variable affecting the effectiveness of therapy with adolescents was also obtained. Varied views were evident, with some participants asserting enhanced engagement and alliance was achieved when the psychologist was young, whereas other participants felt an older male was able to be equally effective for an adolescent male as a solid role model and mentor. The issue of self-disclosure was 'flagged' as possibly less effective if the age gap was too wide. One of the younger aged male participants expressed concern that he may experience a 'used by date' in terms of being acceptable to his teenage clients.

This small-scale qualitative study has given some focus to more extensive and quantitative approaches to examine gender in therapy. An on-line survey of psychologists across Australia obtaining data of the current situation in relation to gender staff ratios, ratings of the importance of access to male psychologists in general, and for adolescent males in particular, and descriptions of the current demand for male psychologists would provide quantitative data. This would likely support the concern of a current and growing shortage of male psychologists and the relevance of this for adolescent males in therapy.

Another possible future direction would be to measure an hypothesized superior outcome for adolescent males paired with a male compared to a female psychologist.

Validated measures of the quality of therapeutic alliance such as the commonly used Working Alliance Inventory–Short Form (WAI-S; Busseri & Tyler, 2003), could be utilized to provide quantitative evidence of such. The same approach could be employed to measure the impact of gender match for other identified potentially vulnerable cohorts, such as male clients in couple’s therapy.

An extension of this project is to devise an interview schedule for adolescent males in therapy to establish the extent to which they regard a psychologist’s gender to impact engagement and alliance formation and ultimately affect therapeutic outcome.

## **Summary**

Findings from this study support previous research in the following aspects: identification of greater ease of communication and engagement when gender of client and psychologist is matched (Cottone, 2002; Hill, 1975; Wintersteen, 2005); the importance of providing choice to clients (Bleyen, Vertommen & Audenhove, 1988; Church, 1994; Hanna & Hunt, 1999; Kulish, 1989; Liddle, 1995; Loar, 2001; Manthei, 1988; Rubenstein, 1996; Tavoloki, 1978) the potential positive impact a male role model can have on an adolescent boy (Nelson & Valliant, 1993; Zimmerman et al, 2002) that adolescents in general (males in particular) are a difficult age group to work with and drop out is common (Access Economics, 2009; Tick, Van der Ende, & Verhulst, 2007, 2008); and that ‘father hungry’ boys are a common presenting group to psychologists and exhibit certain problem behaviors (Perrin et al., 2009; Sinkkonen & Keinanen, 2008; Sugarman, 1997).



Other issues raised by the participants and identified as important themes and findings from this study include the value of male psychologists' capacity to empathize with a male adolescent client, the role male psychologists play in aiding an adolescent male in gender identification and the normalisation of certain behaviors, the identification of other cohorts of clients that may be disadvantaged if unable to access a male psychologist, and the impact of gender in supervision situations. Insights and suggestions that address the future potential shortage of male psychologists have also been generated. The issue of gender in therapy is complex. When working with the particularly reluctant cohort of clients, adolescents, the avoidance of any barrier to therapy is importance, and adolescent choice of therapist has been shown to lead to more effective engagement (Church, 1994; Hanna & Hunt, 1999; Liddle, 1995; Loar, 2001; Rubenstein, 1996). Therefore the results of this study, which identify the importance of heeding client choice, underscore the potential future obstacle, which practitioners will face if a therapist of choice, which is often the case a male for adolescent males, is not easily accessible. Future research may help generate further clarification of the need for male psychologists, and the impact a shortage will have on adolescent males in particular and the profession in general. An awareness of processes which contribute to treatment efficacy may at least enhance ability to deliver treatment to a challenging population.

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## Appendix A

## Consent Form



Participant number -

29/10/09

**CONSENT FORM**

An exploration of the impact of the foreseeable shortage of male practitioners on psychological practice

Impacts of the Feminization of Psychology

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1. I acknowledge that the nature, purpose and contemplated effects of the project so far as it affects me, have been fully explained to my satisfaction by the research worker and my consent is given voluntarily.
2. The details of the procedure proposed have also been explained to me.
  - I will attend an interview session of approximately 45 minutes duration. The interviewer (researcher) and I will be the only ones present. The interviewer will record the session on a recording device. I will be required to answer pre-determined semi structured questions and elaborate details that arise in relation to the research topic. The focus of the interview will be directed to my experience in relation to working with male adolescent clients in terms of gender of therapist.
3. I understand that there are the following risks or possible discomfort:
  - There are no foreseeable risks or discomfort involved in my participation.

4. I am informed that the only information regarding my personal identity to be divulged is age and gender and the results of the sessions involving me will not reveal my identity.
5. I understand that I am free to withdraw from the project at any stage and any of my data that has been collected thus far can be withdrawn.
6. I understand that I will be given a signed copy of this information sheet and consent form. I am not giving up my legal rights by signing this consent form.
7. I understand that the study will be conducted in accordance with the latest versions of the *National Statement on Ethical Conduct in Human Research 2007* and applicable privacy laws.

Signature of participant \_\_\_\_\_

Date \_\_\_\_\_

8. I have explained this project and the implications of participation in it to this volunteer and I believe that the consent is informed and that he/she understands the implications of participation.

Name of investigator \_\_\_\_\_

Signature of investigator \_\_\_\_\_

Date \_\_\_\_\_

## Appendix B

### Information Sheet



### **PARTICIPANT INFORMATION SHEET**

#### **An exploration of the impact of the foreseeable shortage of male practitioners on psychological practice**

##### **Invitation**

You are invited to participate in a research study into the impact of the feminization of Psychology. The focus will be on the identified vulnerable cohort of adolescent male clients and their preference for a male therapist. The impact of a shortage of male psychologists for this group in particular and clients in general will be investigated. Consequent recommendations for future practice will be derived. This project is being conducted in partial fulfillment of an MPsych (Clin) degree for Louise King.

The study is being conducted by

Dr Greg Hannan, Head of School, Psychology, UTAS  
Ms Louise King MPsych (Clin) candidate, UTAS

Before you decide whether or not you wish to participate in this study, it is important for you to understand why the research is being done and what it will

involve. Please take the time to read the following information carefully and discuss it with others if you wish.

#### **1. 'What is the purpose of this study?'**

The purpose is to investigate the impact the shortage of male psychologists has on clients and the profession in general. In particular we are interested in gathering information in relation to the experience of male adolescent clients,

as they have been identified as potentially vulnerable to lack of access to male therapists.

**2. 'Why have I been invited to participate in this study?'**

You are eligible to participate in this study because you are a practicing psychologist who has had experience working with adolescent male clients.

**3. 'What if I don't want to take part in this study, or if I want to withdraw later?'**

Participation in this study is voluntary. It is completely up to you whether or not you participate. If you decide not to participate, it will not affect your relationship with any persons.

If you wish to withdraw from the study once it has started, you can do so at any time without having to give a reason, and it will be possible to delete your data from the analysis if you so desire.

**4. 'What does this study involve?'**

If you agree to participate in this study, you will be asked to sign the Participant Consent Form.

This study will be conducted over a six month period.

If you agree to participate in this trial, you will then be asked to attend an interview session of approximately 45 minutes duration, which will be tape recorded. A series of questions will be presented and you will be asked to respond to these and elaborate on these responses where necessary. An overview of the questions is provided for your perusal prior to the interview. Participants will be able to review their transcripts and make any amendments if they so choose.

**5. 'How is this study being paid for?'**

The limited cost involved in the running of this study is being provided via the budgeted amount available for MPsy students.

**6. 'Are there risks to me in taking part in this study?'**

No, there are no risks to you in taking part in this study.

**7. 'Will I benefit from the study?'**

This study aims to further knowledge and may improve future treatment of clients who may be disadvantaged by a shortage of male therapists. As a professional working in this field you will benefit by any advancements made in our understanding of aspects of gender within therapy.

**8. 'How will my confidentiality be protected?'**

Only the researchers, DR Greg Hannan and Ms Louise King, will know whether or not you are participating in this study. Any identifiable information that is collected about you in connection with this study will remain confidential. Only the researchers named above will have access to your details and results that will be held securely at the University of Tasmania.

**9. 'What happens with the results?'**

If you give us your permission by signing the consent document, we plan to discuss/publish the results in a Thesis format, for the purposes of fulfilling course requirements for Masters of Clinical Psychology degree. This will be submitted to academic staff within the UTAS Psychology Department for marking purposes. The document may then possibly be published in a peer-reviewed journal and presented at conferences or other professional forums.

In any publication, information will be provided in such a way that you cannot be identified. Results of the study will be provided to you, if you wish.

**10. 'What should I do if I want to discuss this study further before I decide?'**

When you have read this information, the researcher, Ms Louise King, will discuss it with you and any queries you may have. If you would like to know more at any stage, please do not hesitate to contact her at UTAS Psychology Department 62262237, or email [lhb@utas.edu.au](mailto:lhb@utas.edu.au)

**11. 'Who should I contact if I have concerns about the conduct of this study?'**

If you have concerns or complaints about the conduct of this study should contact the Executive Officer of the HREC (Tasmania) Network on (03) 6226 7479

or email [human.ethics@utas.edu.au](mailto:human.ethics@utas.edu.au). The Executive Officer is the person nominated to receive complaints from research participants. You will need to quote [H10659].

**Thank you for taking the time to consider this study.**

**If you wish to take part in it, please sign the attached consent form.**

**This information sheet is for you to keep**

## Appendix C

### Information on questions



## **The importance of therapist gender when working with adolescent males**

Dear participant,

For your information the following themes, as they relate to adolescent males, will be the focus for the interview:

1. The impact of therapist gender on teenage boys
2. Aspects of therapy affected by gender match/mismatch
3. How is the adolescent client or their parent reassured when they display reservations due to therapist gender?
4. Client's attitude towards entering therapy when their preferred preference for a specific gender has not been realized
5. The strength of the impact of therapist gender relative to other therapist variables, client variables and other factors.
6. Implications for the anticipated shortage of male practitioners
7. The contrast of your experience with colleagues.

I hope this information is useful and I look forward to the interview.

Yours Sincerely,

Louise King MPsych (Clin) Candidate

[lhb@utas.edu.au](mailto:lhb@utas.edu.au) or UTAS Psychology Department 03 62262237



## Appendix D

### Interview Guide

#### INTERVIEW GUIDE

##### Questions

Can you describe the situation in your workplace with regard to the ratio of female compared with male practitioners?

Does the ratio you have just described apply with adolescent clients as well?

Recent research seems to indicate young males are in crisis – increased rates of depression, suicidal behaviour, violence, decrease in self esteem and academic achievement. But still covering up – the macho traditional image remains? In your opinion, how important is it that young men have access to male therapists?

In your experience what **aspects** of therapy, if any, are most affected by gender match or mismatch, in particular when working with teenage boys?

Prompts –

retention

alliance

adherence to treatment

attitude to therapy – they often feel forced

In general, how would you describe the impact of your gender on clients, in

particular teenage boys?

What specific **themes/topics** arise in therapies that are particularly sensitive to gender match or mismatch?

Gender plays a pivotal role in determining style and dynamics of interactions and relationships between persons. In your experience how does this transfer to the therapeutic relationship in general?

Can you describe situations in which either a male or female therapist has been specifically **requested** to work with adolescents?

What are your feelings on this matter?

Have you been able to identify **difficulties or benefits** in therapy that are due to your gender?

What are the indicators of this / how have you **identified** these?

If you have experienced difficulties due to either gender match or mismatch, have you been successful in **overcoming these** difficulties?

How have you achieved this?

What has the process been for you in instances in which you have felt that therapy **is not progressing** due to a gender issue?

Can you describe your experience of situations where **a reluctant** adolescent client becomes relaxed?

Could you describe any situation you have experienced in which the decision has been made to **cease therapy** due to a gender issue?

How do **you reassure** an adolescent client or their parent who has doubts/reservations because of gender issues?

In your opinion how does the **effectiveness of a female** therapist working with a male adolescent compare to the effectiveness of the male therapist?

What has the experience of your **colleagues** been with regard to gender match/mismatch when working with adolescents?

How has your experience differed from your colleagues?

Why do you believe this is so?

What is your opinion on the strength of impact of therapist gender relative to other therapist **variables**, client variables and other factors?

If you had to rank the importance of these variables, where would gender fit?

**Age.** Can you describe your feelings on the importance of age of therapist on therapeutic process and how this compares to the importance of gender?

What are your feelings on the matter of a male therapist being able to act as a **role model** for the male client?

What has your experience been with regard to the quality of the relationship your male adolescent clients have with their **father**?

What are your feelings on the topic of **transference** in therapy and in

particular with male adolescent clients?

If the present trends in terms of availability of male psychologists continue to worsen, do you feel this will be problematic for the profession in general?

What about the issue of a shortage of **male supervisors**? What do you feel will be the impact of this on the profession?

What is the **ratio** of male compared to female adolescent clients in your experience?

What has your experience been with regard to adolescent girls and therapist gender?